

LOW HEAD CIRCUMFERENCE

(152)

PARTICIPANT TYPE..... INFANTS
HIGH RISK.....No

RISK DESCRIPTION:

$\leq 2.3^{\text{rd}}$ percentile head circumference-for-age

Notes: This risk is based on the 2006 World Health Organization international growth standards.

For premature infants and children up to 2 years of age, assignment of this risk criterion is based on adjusted gestational age.

ASK ABOUT:

- Birth status including birth weight and prematurity
- Growth history
- Typical intake pattern
- Family and household environment including social and psychological environment (e.g., chaotic, highly distractible, disorganized), depressed parents or caregivers, number of caregivers responsible for food preparation and feeding, parental substance use or abuse
- Access to ongoing health care and attendance at well child visits
- Family, religious or cultural issues affecting child feeding practices
- The child's developmental feeding skills in relationship to child's age
- Food security status of the household

NUTRITION COUNSELING/EDUCATION TOPICS:

- Head circumference is an important measure because it reflects brain growth. It is the last anthropometric measurement to decline when nutrition is inadequate.
- Low head circumference is related to a variety of genetic, nutrition, and health factors such as:
 - Prematurity because the rate of brain growth is greatest during the last trimester of pregnancy.
 - Malnutrition during pregnancy.
 - Exposure to neurotoxin.
 - Cocaine and alcohol use.
 - Intracranial hemorrhages.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Perinatal asphyxia.
 - Ischemic brain injury.
- Head size is also related to socioeconomic status, and the relationship is mediated in part by nutrition factors.
- Abnormal low head circumference is indicative of future nutrition and health risk, particularly poor neurocognitive abilities.
- Low head circumference is associated with very low birth weight and is a strong predictor of growth retardation and other dimensions of growth and development.
- However, low head circumference alone does not necessarily indicate an abnormal head size.
- Reassure the parents that WIC will continue to monitor the child's growth.
- Review relevant age-appropriate feeding guidelines including feeding cues and developmental readiness for solids.

POSSIBLE REFERRALS:

- If subsequent head circumference rechecks continue to move downward on the growth chart, refer the infant to their primary care provider for further evaluation.
- If the infant is not receiving well child care or keeping appointments, refer the infant (if on medical assistance) to Health Tracks (<http://www.nd.gov/dhs/services/medicalserv/health-tracks/>), the local public health department, or primary care providers in the community.
- If access to sufficient food is a concern, refer to other community resources for food assistance (SNAP, food pantries, etc.).
- If the household and family situation is so disordered that establishing a normal feeding relationship is unlikely, refer the family to local public health department, a feeding team that works with children, or social service agency.
- If parental substance use or abuse is a concern, refer to community resources and treatment centers.
- If the infant appears to have developmental delays, refer the family to the Right Track Program for early intervention services (<http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html>).